



## UNIFIED JUDICIAL SYSTEM DRUG AND DUI COURT COMMUNITY BASED SERVICES BILLING

### PROVIDER IDENTIFICATION

NAME \_\_\_\_\_ Invoice Number \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PROVIDER NUMBER \_\_\_\_\_ BILLING MONTH/YEAR: \_\_\_\_\_

Name of Client	UJS Docket Number	Dates of Service (From)	Dates of Service (Thru)	Type of Service (Letter)*	Number of Units	Unit Price	Amount

**GRAND TOTAL**

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I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued thereunder relating to non-discrimination in Federally assisted programs.

I hereby certify that the within account is just and true, and that no part of the same has been paid, and the same is hereby approved.

**APPROVED:**

\_\_\_\_\_  
**Claimant Signature**                      **Date**

\_\_\_\_\_  
**Chief Court Services Officer**      **Date**

**\*Type of Service Letters: (Rates per quarter hour)**

<b>A. CD Assessment-\$21.25</b>	<b>F. Aftercare/Continuing Care- \$5.44</b>
<b>B. Cognitive Behavioral Intervention for Substance Abuse (CBISA) (Available upon rate approval)</b>	<b>G. Mental Health Group-DBT-\$15.13</b>
<b>C. Intensive Outpatient Group Counseling-\$5.44</b>	<b>H. Mental Health Assessment-\$29.26</b>
<b>D. CD Outpatient Group Counseling-MRT-\$5.44</b>	<b>I. Mental Health Outpatient Individual Counseling-\$29.26</b>
<b>E. CD Outpatient Individual Counseling-\$21.25</b>	<b>J. Psychiatric Assessment/Med Management-\$53.49</b>
	<b>K. CNP/PA Psychiatric Assess/Med Management-\$48.19</b>

DRAFT